Application or Docket Number

Effective October 1, 2001									J-2929A					
	· OTAL 81 411			FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			25				Г	RATE	FEE	٦ ٦	RATE	FEE	_	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FE	+		BASIC FE		_	
TOTAL CHARGEABLE CLAIMS			25 m	25 minus 20=		* 5		V# 0	+	107			_	
INDEPENDENT CLAIMS			- L			* 2		X\$ 9=	 	OR		90	_	
MULTIPLE DEPENDENT CLAIM PI			PRESENT	RESENT				X42=	-	OR	X84=	168	4	
* If the difference in column 1 is			less than :	zero, enter	"0" in	column 2	L	+140=		OR	+280=			
				MENDED - PART II				TOTAL		OR	TOTAL	999		
(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>	1	
	Indep ndent	* Entation of M	Minus	***	0:	=		X42=		OR	X84=		1	
_	T THEOL	-MANON OF M	OLTIPLE DE	PENDENT	CLAIM			140=		1 1	+280=		┨	
							L_	TOTAL		OR	TOTAL		┨	
	. '	(Column 1)		(Colum	n 2)	(Column 3)	ADI	OIT. FEE		OR ,	DDIT. FEE		ł	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	<u> </u>	ĺ	
	Independent FIRST PRESE	* NTATION OF MU	Minus	***	21.414.4	=	×	(42=		OR	X84=		l	
		The state of the	LIN LE DEF	ENDENT	JLAIM		+1	140=		OR	+280=			
								TOTAL IT. FEE		OR A	TOTAL DDIT. FEE		l	
_		(Column 1) CLAIMS		(Column		(Column 3)					_			
ᇎᅡ		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R,	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total Independent	*	Minus	**		=	X	9=		OR	X\$18=			
¥		* Minus *** = SENTATION OF MULTIPLE DEPENDENT CLAIM		-	X	42=		OR	X84=					
	THE SERVICION OF WOLFIFLE DEPENDENT CLAIM							40=						
* If ** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+280= TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														